

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044298

5903 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 21 1963

149

Primary Registration District No.

1002

Registrar's No.

5903

VS 300
Rev. 4/59

1

23 468

3

4 0

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6

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9570.2

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11

12 57-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
18 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital, Med. Ct.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3815 Terrace

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Victor** Middle **L.** Last **Summers**

4. DATE OF DEATH
Month **October** Day **24** Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
5-11-1900

9. AGE (last birthday)
63

IF UNDER 1 YEAR
Months Days
IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver - Anheuser Busch Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

George W. Summers

13b. MOTHER'S MAIDEN NAME

Mary Strominger

14. NAME OF HUSBAND OR WIFE

Viola Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Ed Summers, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Superior, Inferior Mesentric Thrombosis.**

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **10-21-63** to **10-24-63** and last saw her alive on **10-24-63**
Death occurred at **4-20-P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Frank Ellis** (Degree or title)

22b. ADDRESS
2400 Cherry St.

22c. DATE SIGNED
10-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Oct. 31, 1963

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county)
Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR
Freeman Mortuary, Kansas City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.
10-30-63

26. REGISTRAR'S SIGNATURE
Bessie Smith

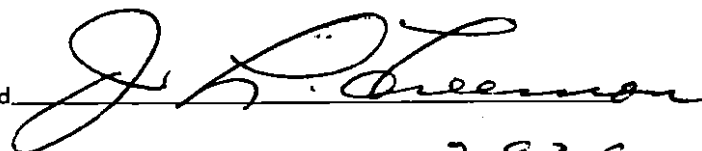
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 2939

P. O. Address F. C. M. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.